BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

08480461

	CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR		NUMBE		NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE								365.00	OR		730.00
TOTA	L CLAIMS	2.	minus 2	minus 20 = * 4-		,	x\$11=		OR	x\$22=	88
INDE	PENDENT CLA	IMS _	1 minus	3 = 1			x38=		OR	x76=	76
MULTIPLE DEPENDENT CLAIM PRESENT							+120=		OR	+240=	
* If the difference in column 1 is less than zero, enter "0" in column 2						<u> </u>	TOTAL		OR	TOTAL	894
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.4/,/	Minus	40/	,	-[x\$11=		OR	x\$22=	
	Independent	1	Minus	*** 29	=	_	x38=		OR,	x76=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+120=		OR	+240=	
			•	40.	(Oakuma 2)	ΑD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
MENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	6 1	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	= .		x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=		x38=		OR	x76=	
A	FIRST PRES	SENTATION OF	MULTIPLE I	DEPENDENT CL	AIM		+120=		OR	+240=	
		(Column 1)		(Column 2)	(Column 3)	ΑD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	±	Minus	**	=		x\$11=		OR	x\$22=	
	Independent	*	Minus	***	=		x38=		OR	x76=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+120=		OR	+240=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

UNITY STATES PATENT & TRADEMAP OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: 8-7-95 2 Serial/Patent # 8/480,461.									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
Filing			\$ 1234.00						
Amendment			\$						
Extension of Time			\$						
Notice of Appeal/Appeal			\$						
Petition			\$						
Issue			\$						
Cert of Correction/Terminal Disc.			\$						
Maintenance			\$						
Assignment			\$						
Other ,			\$						
Destroy Serving Law alex		7 TOTAL AMOUNT OF REFUND \$							
COURT CHARLES	8 TO BE REFUNDED BY:								
10 REASON:	Treasury Check								
✓ Overpayment	✓ Credit Deposit A/C #:								
Duplicate Payment	Duplicate Payment 9 0 1 2 1 3 8								
No Fee Due (Explanation):	No Fee Due (Explanation):								
	_								
11 REFUND REQUESTED BY: -									
TYPED/PRINTED NAME: 5. Ahmed TITLE: Adm/Ex.									
SIGNATURE: 8 A luned. PHONE: 3 08-1172.									
OFFICE: GN AR									
THIS SPACE RESERVED FOR FINANCE USE ONLY:									
APPROVED:									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B